

Developmental and Physical Assessments of People from Different Cultures

Developmental and Behavioral Assessment

When working with people from other countries, it is important to realize that some apparent developmental delays or abnormal behaviors may be the result of cultural practices. For example, if it is the usual practice to carry an infant on a backboard or other carrier until he/she is quite old, walking may be delayed. A longer period of breastfeeding may mean that the child will not have the opportunity to drink from a cup until later than expected. Developmental and behavioral assessments may be conducted using standardized tools, but the possible effect of cultural practices should be considered in interpreting results. If a delay is suspected, or further evaluation is needed, you may refer the family to the Children with Special Health Needs Division of the Vermont Department of Health: <http://healthvermont.gov/family/cshn/cshn.aspx>

Some behaviors or practices that are appropriate for children in their country of origin may pose health threats in the United States. For example, in some countries, it may have been safe for very young children to move freely about the village, town or refugee camp without their parents present. This is generally not safe in most U.S. communities today however, and may need to be addressed. Providers should non-judgmentally educate the family about the potential health risks of such behaviors and suggest alternatives.

Some refugees and adoptees were in traumatic or disruptive situations prior to coming to the U.S. and some children may benefit from referral for psychological assessment, counseling, and/or treatment. International adoptees who spent long periods of time in large, understaffed orphanages may exhibit the classic behaviors of children who have had little nurturing, such as gross/fine motor delays, rocking, head banging, self-mutilation, lack of crying, and difficulty bonding with caregivers and others. In cases of interracial adoption, identity issues may arise in adolescence. Please refer to the “Refugee Mental Health Assessment” resource for more information on mental health issues.

Tips for conducting developmental assessments of children of immigrant or refugee parents:

- Use a skilled interpreter if the parents do not speak fluent English
- Ask the parents if they have any concerns
- Ask if the behavior in question is usual in their culture
- Ask if they would like help in modifying the behavior
- Offer interventions that are acceptable to the parents
- Offer well child visits or developmental assessments more frequently than suggested by the periodicity schedule
- If you observe something that is unusual or concerns you, explore the possibility that there may be a cultural reason for your observation.

Physical Assessment

The CDC promotes one set of growth charts for all racial and ethnic groups. Although some studies support the premise that differences among various racial and ethnic groups is largely a result of environmental differences rather than genetics, more research is needed to clarify whether differences among racial and ethnic groups really exist.

People from other countries may not use U.S. weights and measures. Conversion tools:

Length: 1 inch = 2.54 cm 1 cm = 0.3937 in.

Weight: 1 lb. = 454 g 1 kg = 2.2046 lbs.

Temperature: Degree Fahrenheit = (1.8 x Degrees Celsius) + 32

In children from different cultures, providers may note unusual marks on a child's skin. These may result from pigmentation differences, traditional healing practices or body decoration, rather than from child abuse. For more information on this topic, please refer to the resource titled "Influence of Culture and Pigment on Skin Conditions in Children".

During the physical examination, providers may also observe other body alterations, such as those resulting from the practice known as female circumcision (sometimes referred to as female genital mutilation). This custom is practiced predominantly in the Nile, Sahara, Sahel, and Horn of Africa regions. The alteration can range from the partial removal of the clitoris to excision and infibulation. For further details please refer to the World Health Organization's fact sheet at:

<http://www.who.int/mediacentre/factsheets/fs241/en/index.html>

Condition-specific Risk Assessment and Screening

Anemia:

- *Sickle-cell anemia* – A potentially severe anemia which occurs almost exclusively among people of African descent. See "Health Supervision for Children with Sickle Cell Diseases and their Families" *Pediatrics* 98 (3), Sept. 1998, pp. 467-472.
- Consider screening for other hemoglobinopathies, including:
 - a thalassemias* – affects mainly people of Chinese, southeast Asian, and Phillippine ancestry
 - B thalassemias* – most common in people from Greek, Italian, Middle Eastern, Southeast Asian, and African backgrounds.
 - Major (Cooley's anemia)
 - Intermedia
 - Minor (thalassemia trait, may be asymptomatic)
- *Glucose-6-phosphate dehydrogenase deficiency (G-6-PD)* occurs most frequently among children from African-american, Asian, Sephardic Jewish and Mediterranean descent. See "Commentaries: Glucose-6-Phosphate Dehydrogenase-Deficient Neonates: "A Potential Cause for Concern in North America", *Pediatrics*, 106 (6), pp. 1478-80.

- Severe anemia may also be caused by malaria, which is endemic in most tropical countries. Consider a malaria smear test for persons whose hematocrit is <30 percent and who are from a tropical developing country.
- Providers in Vermont have reported that there is a cultural reluctance among people from the former Yugoslavia to having their blood drawn. Special care should be taken to acknowledge any concerns and explain the purpose of the test.

Urinalysis

Urine sampling procedures may be different in other countries. Take the time to explain all of the steps of the sampling procedures. It may be difficult, or even impossible, to obtain a “clean catch sample” from girls who have undergone the practice of female circumcision. (See “physical assessment” section above.)

Tuberculosis Screening

BCG is administered in many parts of the world to immunize children against tuberculosis, but the vaccine is not always effective. Thus, PPD skin tests should be administered to all people over six months of age, even if they have a history of BCG vaccination.

In countries where there is a high prevalence of tuberculosis, there is a heightened awareness of the disease. In some cases, this awareness may translate to a social stigma, discouraging patients from seeking care or taking medication, for fear of being discovered. In other cultures, the heightened awareness leads to a high value placed on prevention/treatment. This will affect the likelihood that treatment cycles will be completed. Providers should ask patients what will happen if they tell their family that they need treatment for tuberculosis, and the provider may need to spend extra time with people from other cultures where there is a strong stigma attached to tuberculosis.

Cholesterol

Diet and culture are inextricably linked. In planning a low-cholesterol diet, engage in a dialogue with the family to find out which foods would be culturally, personally and clinically acceptable.

Vision Screening

Lea, Tumbling E, or Landolt C charts may be used for vision screening of children and adolescents who either cannot read, cannot read English, or read in a language that uses a different alphabet.

